U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number **U** - 83 30

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004	Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name OTTO M LINDSAY	Name LABORERS' UNION	OF NORTH AMERICA LOCAL 42	
	Labor Organization File Number	022-166	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Nu	umber. if any	
	voidade .		
Street 11712 RIVERVIEW DR	Street 3710 ENRIGHT AVE		
City ST. LOUIS	City ST. LOUIS		
State Missouri ZIP Code + 4 63138	State Missouri	ZIP Code + 4 63108	
. Position in labor organization. PRESIDENT			
Enter appropriate data below if during the pact field year you or your o	nauca ar minor child directly or indirect	the had any of the following interacts	
Enter appropriate data below if, during the past fiscal year, you or your s (except as specified in the ex	spouse or minor child directly or indirect (clusions set forth in the instructions):	ly had any or the following interests	
Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organiz	or derived income or other economic ation represents or is actively seeki	c benefit of ing to represent.	
nonetary value from an employer whose employees your organiz	or derived income or other economic ation represents or is actively seeki 7.a. Nature of Interest, Transaction,	ing to represent.	
nonetary value from an employer whose employees your organiz . Name and address of Employer (including trade name, if any).	ation represents or is actively seeki	ing to represent.	
nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). Name	ation represents or is actively seeki	ing to represent.	
nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ation represents or is actively seeki	ing to represent.	
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nonetary value from an employer whose employees your organizes. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, 7.b. Amount.	ing to represent.	
nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, 7.b. Amount. ignature of Perjury and other applicable penalties anying documents), has been examined	ing to represent. , or Income. It is of the law, that all of the information by the signatory and is, to the best of the	
nonetary value from an employer whose employees your organizes. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompsessors).	7.a. Nature of Interest, Transaction, 7.b. Amount. ignature of Perjury and other applicable penalties anying documents), has been examined	ing to represent. , or Income. It is of the law, that all of the information by the signatory and is, to the best of the	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp	7.a. Nature of Interest, Transaction, 7.b. Amount. 7.b. Amount. ignature of Perjury and other applicable penalties anying documents), has been examined exection on penalties in the instructions.)	ing to represent. , or Income. It is of the law, that all of the information by the signatory and is, to the best of the	

Name of Person Filing OTTO LINDSAY	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name ST. LOUIS CONST. LABORERS' WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2357 59TH STREET City ST. LOUIS State Missouri ZIP Code + 4 63110	9. Business deals with: X a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDES HEALTH BENEFITS TO LIUNA MEMBERS.	
Trade Name if any		
Trade Name, if any:	the second secon	
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4	10/01/04 - 10/06/04 EDUCATIONAL MEETING AIR FARE \$222.00 RENTAL CAR \$592.00 HOTEL \$1210.00 MEETING REGISTRATION FEE \$1350.00 DAILY EXPENSE \$397.00	
	12.b. Amount. \$3,771	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone	der parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
ZIT Code T 4		
13 h Is the Business an Employer or Consultant 2	14.b. Amount of payment.	

8. Name and address of Business (includi	ing trade name	e, if any).	9. Business deals with:	
Name ST. LOUIS CONST. LABORERS' WELFARE FUND		a. Labor Organization		
Trade Name, if any:			a. Labor Organization	
P.O. Box, Bldg., Room No., if any			b. Trust	
Street 2357 59TH STREET			c. Employer	
		97-300-7973233000000000000000000000000000000000	Provincemonial:	
City ST. LOUIS				
State Missouri	ZIP Code + 4	63110		· · · · · · · · · · · · · · · · · · ·
10. If 9.b. or 9.c. is checked give trust or emp	oloyer's name.		11.a. Nature of such dealing.	
Name			PROVIDES HEALTHE BENEFITS TO LIUNA	. MEMBERS
T. d. N				
Trade Name, if any:	ngankasinnillininadi mendaankiliki indonesikiliki saalinin era menani			One A Proprietation
P.O. Box, Bldg., Room No., if any			Principal	dr. interest in the second
Street			100000000000000000000000000000000000000	
	ikan meniperentangan menakan pengunan mengapat semendahan	9 7 TT C C 19 C 19 M 2 M 4 TP for C C Conclude Complete C Company and C C C C C C C C C C C C C C C C C C C		
City				
State	ZIP Code + 4		11.b. Approximate dollar value of such dealing.	UNKNOWN
			12.a. Nature of interest held or income received.	molecule and a splannik road communication against a managainst annual splannik and a field of a field of a se
			09/09/04 - 09/11/04 EDUCATINAL MEETING	
			HOTEL \$435.00	
			DAILY EPENSE \$263.00	
				philipment layers
			12.b. Amount.	\$698

Name of Person Filing OTTO LINDSAY	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name MISSOURI VALLEY PARTNERS Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any SUITE 500 Street 135 N. MERAMEC	b. Trust	
City ST. LOUIS		
State Missouri ZIP Code + 4 63105		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name ST. LOUIS CONST. LABORERS' WELFARE FUND	MONEY MANAGER	ex-endounterAt
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		accession of the control of the cont
Street 2357 59TH STREET		volenta a volenta de la constanta de la consta
City ST. LOUIS		roor source de source de la company de l
State Missouri ZIP Code + 4 63110	11.b. Approximate dollar value of such dealing.	UNKNOWN
	12.a. Nature of interest held or income received.	
	04/13/04 DINNER \$100.00, HOCKEY TI 05/12/04 DINNER \$85.00 08/31/04 BALLGAME \$64.00	CKET \$75.00
	12 h Amount	\$324

Name of Person Filing OTTO LINDSAY	File Number U-

8. Name and address of Business (includ	ing trade name	e, if any).	9. Business deals with:	
Name THE SEGAL CO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 NORTH WACKER DR. City CHICAGO State Illinois	ZIP Code + 4	60606	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or emp	olover's name.	Emilion manifestration and the material representation of the second and an active and active and active and active and active and active acti	11.a. Nature of such dealing.	***************************************
Name ST. LOUIS CONST. LABORE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2357 59TH STREET City ST. LOUIS	ERS' WELFAR		CONSULTANT	
State Missouri	ZIP Code + 4	63110	11.b. Approximate dollar value of such dealing.	UNKNOWN
			12.a. Nature of interest held or income received. 09/10/04 LUNCH \$70.00	
			05/10/04 HONCH \$70.00	
			12.b. Amount.	\$70

Name of Person Filing OTTO LINDSAY	File Number U-
· ·	

8. Name and address of Business (including trade name, if any).		9. Business deals with:		
Name LABORERS-AGC TRAINING CENTER AFL-CIO		a. Labor Organization		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		b. Trust		
Street 35 OPPORTUNITY	Street 35 OPPORTUNITY		c. Employer	
City HIGH HILL				
State Missouri	ZIP Code + 4	63350		
10. If 9.b. or 9.c. is checked give trust or emp	ployer's name.		11.a. Nature of such dealing.	
Name	$\frac{1}{2} (m_1 - m_2 - m_3 - m$		PROVIDES TRAINING FOR JOURNEYMEN AND APPRENTICES	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street			Operation of the second of the	
City				
State St	ZIP Code + 4		11.b. Approximate dollar value of such dealing.	UNKNOWN
			12.a. Nature of interest held or income received.	
			03/18/04 APRENTICE GRADUATION DINN	ER \$34.00
				The state of the s
				-uecucaron-
			Power	
			12.b. Amount.	\$34